



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER, Governor
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BUREAU OF FACILITY STANDARDS
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October 9, 2007

Angelee Hobson, Administrator
Aspen Grove Assisted Living - Lava Hot Springs
PO Box 719
Lava Hot Springs, ID 83246

Dear Ms. Hobson:

On September 26, 2007, a Fire Life Safety Survey was conducted at Aspen Grove Assisted Living - Lava Hot Springs. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Grimes". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R506	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2007
NAME OF PROVIDER OR SUPPLIER ASPEN GROVE ASSISTED LIVING - LAVA HOT		STREET ADDRESS, CITY, STATE, ZIP CODE 580 W ELM ST LAVA HOT SPRINGS, ID 83246		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on September 26, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Chris Laumann Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE